

## **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

## **PHP Medicare**

NAIC	Group Code 3408 340		de <u>16555</u> Employer's ID I	Number <u>83-2766121</u>
Organized under the Laws of	(Current) (Pric Michiga		State of Domicile or Port of Entry	yMI
Country of Domicile		United States	of America	
Licensed as business type:		Health Maintenar	ce Organization	
Is HMO Federally Qualified?	Yes [ ] No [ X ]			
Incorporated/Organized	11/01/2018		Commenced Business	04/01/2019
Statutory Home Office	1400 East Michigan A	Avenue ,		Lansing, MI, US 48912
	(Street and Numb	per)	(City or T	own, State, Country and Zip Code)
Main Administrative Office		1400 East Mich		
	Lansing, MI, US 48912	(Street and	•	517-364-8400
(City or	Town, State, Country and Zip Cod			a Code) (Telephone Number)
Mail Address	1400 East Michigan Avenu (Street and Number or P.O.			Lansing, MI, US 48912 own, State, Country and Zip Code)
Primary Location of Books and	Records	1400 East Mic	higan Avenue	
,		(Street and		547.004.0400
(City or	Lansing, MI, US 48912 Town, State, Country and Zip Cod	e),	(Are	517-364-8400 a Code) (Telephone Number)
Internet Website Address _		www.phpmid	chigan.com	
Statutory Statement Contact	Nicole	Werner	, ,	517-364-8400
	(Na nicole.werner@phpmm.org	ime)		(Area Code) (Telephone Number) 517-364-8407
	(E-mail Address)	,		(FAX Number)
		OFFIC	ERS	
<del>-</del>	Dennis Rees	se	Treasurer	Paula Reichle
Chief Financial Officer and Chief Operations Officer	George Schne	ider	Secretary	Joseph Ruth
		ОТН	ER	
	_	DIRECTORS O		
Dennis Josep	Reese h Ruth		Peterson Bruner	Paula Reichle
State of	Michigan Ingham	– ss		
The officers of this reporting er all of the herein described ass statement, together with relate condition and affairs of the sai in accordance with the NAIC A	ntity being duly sworn, each depos sets were the absolute property of d exhibits, schedules and explanat d reporting entity as of the reportin Annual Statement Instructions and	the said reporting entity ions therein contained, ar g period stated above, an Accounting Practices an	free and clear from any liens of nexed or referred to, is a full and d of its income and deductions the d Procedures manual except to	ting entity, and that on the reporting period stated above, r claims thereon, except as herein stated, and that this d true statement of all the assets and liabilities and of the herefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state
respectively. Furthermore, the	scope of this attestation by the d	escribed officers also inc	ludes the related corresponding	o the best of their information, knowledge and belief, electronic filing with the NAIC, when required, that is an e requested by various regulators in lieu of or in addition
Dennis Ree President		George S Chief Financial Officer and		Paula Reichle Treasurer
Subscribed and sworn to befor day of	e me this		a. Is this an original filing? b. If no, 1. State the amendmen 2. Date filed	t number

# **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	7,009	4,024	3,166	20,249	29,151	5,298
Group Subscribers:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 02 1		20,210	20, 101	
0299998. Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	7,009	4,024	3,166	20,249	29, 151	5,298

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
ESI	557,750	557,750	557,750	0	847 , 178	826,072
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	557,750	557,750	557,750	0	847, 178	826,072
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	123,049	169,707	6,032	175,633	474,422	0
0299999. Total Claim Overpayment Receivables	123,049	169,707	6,032	175,633	474,422	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	1,216,390	0	0	0	0	1,216,390
0699999. Total Other Health Care Receivables	1,216,390	0	0	0	0	1,216,390
0700000 O beath and make the	1 007 100	727.457	563.782	175.633	1 201 600	0.040.460
0799999 Gross health care receivables	1,897,189	121,451	563,782	1/5,633	1,321,600	2,042,462

## **EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

	Health Care Rece or Offset Du		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4		Estimated Health Care
	On Amounts Accrued		On Amounts Accrued December 31 of		Receivables from Prior Years	Receivables Accrued as of December 31
Type of Health Care Receivable	Prior to January 1 of Current Year	During the Year	Prior Year	On Amounts Accrued During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables	1,146,099	1,622,485	0	1,673,248	1,146,099	1,097,952
Claim overpayment receivables	0	79,588	19,678	454,744	19,678	320,102
Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	1,216,390	0	0
7. Totals (Lines 1 through 6)	1,146,099	1,702,073	19,678	3,344,382	1,165,777	1,418,054

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

# **EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid	Ciaims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
EW Sparrow Hospital Association	32,991	0	0	0	0	32,991
0199999. Individually listed claims unpaid	32,991	0	0	0	0	32,991
0299999. Aggregate accounts not individually listed- uncovered	9,983	0	0	0	0	9,983
0399999. Aggregate accounts not individually listed-covered	177,756	0	0	0	0	177,756
0499999. Subtotals	220,730	0	0	0	0	220,730
0599999. Unreported claims and other claim reserves						5,122,404
0699999. Total amounts withheld						0
0799999. Total claims unpaid						5,343,134
0899999 Accrued medical incentive pool and bonus amounts	·		ļ			618,118

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		<u></u>					
0399999 Total gross amounts receivable							

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Sparrow Health System	Intercompany Payable	102,403	102,403	0
Sparrow Health System Physicians Health Plan	Intercompany Payable Intercompany Payable	220,011	220,011	0
0199999. Individually listed payables		322,414	322,414	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		322,414	322,414	0

## **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1	2	3	4	5	6 Column 1
	Direct Medical Expense	Column 1 as a %	Total Members	Column 3 as a %	Column 1 Expenses Paid to	Expenses Paid to Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries.	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	5,248,497	9.7	XXX	XXX	0	5,248,497
6. Contractual fee payments	48,782,046	90.0	XXX	XXX	48,782,046	0
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
Bonus/withhold arrangements - contractual fee payments	151,472	0.3	XXX	XXX	151,472	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	54,182,015	100.0	XXX	XXX	48,933,518	5,248,497
13. TOTAL (Line 4 plus Line 12)	54,182,015	100%	XXX	XXX	48,933,518	5,248,497

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

		\			
1	2	3	4	5	6
			Average		Intermediary's
			Average Monthly Capitation	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Lovel DBC
NAIC Code	Name of intermedialy	Capitation Faid	Capitation	Total Aujusteu Capital	COILLOI LEVEL KBC
9999999 Totals			XXX	XXX	XXX

# Exhibit 8 - Furniture and Equipment Owned

# NONE



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. Lansing, MI REPORT FOR: 1. CORPORATION PHP Medicare (LOCATION)

NAIC Group Code 3408 BUSINE	SS IN THE STATE OF					DURING THE YE	AR 2021	NAIC Cor	npany Code	16555
	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		0	0	0	0	0	0	3,583	0	
2. First Quarter	5,164	0	0	0	0	0	0	5, 164	0	
3. Second Quarter	5,275	0	0	0	0	0	0	5,275	0	
4. Third Quarter	5,393	0	0	0	0	0	0	5,393	0	
5. Current Year	5,507	0	0	0	0	0	0	5,507	0	
6. Current Year Member Months	63,617	0	0	0	0	0	0	63,617	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	49,182	0	0	0	0	0	0	49, 182	0	
8. Non-Physician	22,568	0	0	0	0	0	0	22,568	0	
9. Total	71,750	0	0	0	0	0	0	71,750	0	
10. Hospital Patient Days Incurred	5,524	0	0	0	0	0	0	5,524	0	
11. Number of Inpatient Admissions	901	0	0	0	0	0	0	901	0	
12. Health Premiums Written (b)	51,665,541	0	0	0	0	0	0	51,665,541	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	51,665,541	0	0	0	0	0	0	51,665,541	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	54,182,015	0	0	0	0	0	0	54,182,015	0	
18 Amount Incurred for Provision of Health Care Services	50,491,327	0	0	0	0	0	0	50,491,327	0	



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. Lansing, MI REPORT FOR: 1. CORPORATION PHP Medicare (LOCATION)

NAIC Group Code 3408 BUSINE	ESS IN THE STATE OF					DURING THE YE		NAIC Cor	npany Code	16555
	1	Comprehensive (H	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,583	0	0	0	0	0	0	3,583	0	
2. First Quarter		0	0	0	0	0	0	5, 164	0	
3. Second Quarter	5,275	0	0	0	0	0	0	5,275	0	
4. Third Quarter	5,393	0	0	0	0	0	0	5,393	0	
5. Current Year	5,507	0	0	0	0	0	0	5,507	0	
6. Current Year Member Months	63,617	0	0	0	0	0	0	63,617	0	
Total Member Ambulatory Encounters for Year:										
7 Physician		0	0	0	0	0	0	49 , 182	0	
8. Non-Physician	22,568	0	0	0	0	0	0	22,568	0	
9. Total	71,750	0	0	0	0	0	0	71,750	0	
10. Hospital Patient Days Incurred	5,524	0	0	0	0	0	0	5,524	0	
11. Number of Inpatient Admissions	901	0	0	0	0	0	0	901	0	
12. Health Premiums Written (b)	51,665,541	0	0	0	0	0	0	51,665,541	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	51,665,541	0	0	0	0	0	0	51,665,541	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	54 , 182 , 015	0	0	0	0	0	0	54, 182,015	0	
18 Amount Incurred for Provision of Health Care Services	50,491,327	0	0	0	0	0	0	50,491,327	0	

# **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	A A	5	6	7	8	9	10	11	12	13
'	2	3	4	3	0	· ·	0	9	Decemie Liebility	''	12	13
									Reserve Liability			
NAIC					Type of	Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary	Reinsurance	Business		Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Company Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
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9999999 - T	otals											

## **SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Company Effective Domiciliary Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 0 0 0 0 0 .182,753 182,753 CT 2199999. Total Accident and Health - Non-Affiliates
2299999. Total Accident and Health
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099 182,753 182,753 182,753 0

9999999 Totals - Life, Annuity and Accident and Health

# SCHEDULE S - PART 3 - SECTION 2 Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 Current Year

			Reinsurance Ce	ded Accid	lent and Healtl	n Insurance Lis	sted by Reinsuring C	ompany as of Dece	mber 31, Current Yea	ar			
1	1 2 3 4			5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
			uthorized U.S. Affiliates				0	0	0	0	0	0	0
			uthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999.	Total General	Account - A	uthorized Affiliates				0	0	0	0	0	0	0
23680			Odyssey Reinsurance Company	. CT	ASL/I	CMM	439,502	0	0	0	0	0	0
0899999.	General Acco	unt - Authori	zed U.S. Non-Affiliates				439,502	0	0	0	0	0	0
1099999.	<b>Total General</b>	Account - A	uthorized Non-Affiliates				439,502	0	0	0	0		0
1199999.	Total General	Account Au	thorized				439,502	0	0	0	0	0	0
1499999.	Total General	Account - U	Inauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999.	Total General	Account - U	Inauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999.	<b>Total General</b>	Account - U	Inauthorized Affiliates				0	0	0	0	0	0	0
			Inauthorized Non-Affiliates				0	0	0	0	0		0
	Total General						0	0	0	0	0		0
2599999.	Total General	Account - C	Certified U.S. Affiliates	-			0	0	0	0	0		0
2899999.	<b>Total General</b>	Account - C	Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			Certified Affiliates				0	0	0	0	0	0	0
3299999.	Total General	Account - C	Certified Non-Affiliates				0	0	0	0	0	0	0
3399999.	Total General	Account Ce	rtified				0	0	0	0	0	0	0
3699999.	Total General	Account - R	leciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
3999999.	Total General	Account - R	Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
4099999.	Total General	Account - R	Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
			leciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
4499999.	Total General	Account Re	ciprocal Jurisdiction				0	0	0	0	0	0	0
4599999.	Total General	Account Au	thorized, Unauthorized, Reciprocal Jurisdiction and Certified				439,502	0	0	0	0	0	0
4899999.	<b>Total Separat</b>	e Accounts -	- Authorized U.S. Affiliates				0	0	0	0	0	0	0
			- Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999.	<b>Total Separat</b>	e Accounts -	- Authorized Affiliates				0	0	0	0	0	0	0
5599999.	<b>Total Separat</b>	e Accounts -	- Authorized Non-Affiliates				0	0	0	0	0	0	0
5699999.	<b>Total Separat</b>	e Accounts A	Authorized				0	0	0	0	0	0	0
			- Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
			- Unauthorized Non-U.S. Affiliates				0	0	0	0	0		0
6399999.	<b>Total Separat</b>	e Accounts -	- Unauthorized Affiliates				0	0	0	0	0	0	0
			- Unauthorized Non-Affiliates				0	0	0	0	0	0	0
	Total Separat						0	0	0	0	0		0
7099999.	<b>Total Separat</b>	e Accounts -	- Certified U.S. Affiliates				0	0	0	0	0	0	0
			- Certified Non-U.S. Affiliates				0	0	0	0	0		0
			- Certified Affiliates				0	0	0	0	0		0
			- Certified Non-Affiliates				0	0	0	0	0		0
	Total Separat						0	0	0	0	0		0
			Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0		0
			- Reciprocal Jurisdiction Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction				0	0	0	0	0		0
			Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0
9199999.			99, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4	199999, 489	99999, 5399999,	5999999,							
			999, 8199999 and 8699999)				439,502	0	0	0	0	0	0
9299999.			699999, 0999999, 1799999, 2099999, 2899999, 3199999, 399999	99, 4299999	), 5199999, 5499	999, 6299999,	_	_	_	_	_	_	_
000000		99999, 7699	999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999	- ı otals						439,502	0	0	0	0	0	0

Schedule S - Part 4

# NONE

Schedule S - Part 4 - Bank Footnote **NONE** 

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote **NONE** 

# SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)  1 2 3 4 5												
		2021	2020	2019	2018	2017							
	A. OPERATIONS ITEMS												
		0	0	0	0								
1.	Premiums					0							
2.	Title XVIII - Medicare			0	0	0							
3.	Title XIX - Medicaid	0	0	0	0	0							
4.	Commissions and reinsurance expense allowance	0	0	0	0	0							
5.	Total hospital and medical expenses	0	0	0	0	0							
	B. BALANCE SHEET ITEMS												
6.	Premiums receivable	0	0	0	0	0							
7.	Claims payable	0	0	0	0	0							
8.	Reinsurance recoverable on paid losses	183	418	0	0	0							
9.	Experience rating refunds due or unpaid	0	0	0	0	0							
10.	Commissions and reinsurance expense allowances												
	due			0	0	0							
11.	Unauthorized reinsurance offset	0	0	0	0	0							
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	0	0							
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)												
13.	Funds deposited by and withheld from (F)	0	0	0	0	0							
14.	Letters of credit (L)	0	0	0	0	0							
15.	Trust agreements (T)	0	0	0	0	0							
16.	Other (O)	0	0	0	0	0							
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)												
17.	Multiple Beneficiary Trust	0	0	0	0	0							
18.	Funds deposited by and withheld from (F)	0	0	0	0	0							
19.	Letters of credit (L)	0	0	0	0	0							
20.	Trust agreements (T)	0	0	0	0	0							
21.	Other (O)	0	0	0	0	0							

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	restatement of balance sheet to identify Net Gredit	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	21,912,222	0	21,912,222
2.	Accident and health premiums due and unpaid (Line 15)	335 , 114	0	335 , 114
3.	Amounts recoverable from reinsurers (Line 16.1)	182,753	(182,753).	0
4.	Net credit for ceded reinsurance	XXX	182,753	182,753
5.	All other admitted assets (Balance)	2,700,510	0	2,700,510
6.	Total assets (Line 28)	25,130,599	0	25,130,599
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	5,343,133	0	5 , 343 , 133
8.	Accrued medical incentive pool and bonus payments (Line 2)	618,118	0	618,118
9.	Premiums received in advance (Line 8)	16,895	0	16,895
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	9,132,506	0	9,132,506
15.	Total liabilities (Line 24)	15,110,652	0	15,110,652
16.	Total capital and surplus (Line 33)	10,019,946	XXX	10,019,946
17.	Total liabilities, capital and surplus (Line 34)	25,130,598	0	25,130,598
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	182,753		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	. 182,753		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	182,753		

# Schedule T - Part 2 - Interstate Compact NONE

## 4

#### ANNUAL STATEMENT FOR THE YEAR 2021 OF THE PHP Medicare

# SCHEDULE Y

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	ю	/	8	9	10	11	_12	13	14	15	16
											Туре	IT .		·   · · · '	
											of Control	Control		·   · · ·	
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
Ouc	Group Hame	Oouc	38-2542859	11000	0110	international)	SPARROW HEALTH SYSTEM	MI	IIIP	(realite of Entity/r croom)	Board of Directors	0.000	Entity(les)/i crson(s)	(103/140)	<del>\</del>
			38-1490180	0	0		SPARROW CARSON HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-3218134	0	0		SPARROW IONIA HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO NO	
			46-4526659	0	l		SPARROW CARE NETWORK, LLC	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO NO	
			38-6100687	0	0		SPARROW FOUNDATION	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-2594856	0	l		PHYSICIANS HEALTH NETWORK	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO NO	
			38-2543305	0	0		SPARROW COMMUNITY CARE	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO NO	
			14-1885340	0	0		SPARROW SPECIALTY HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-1358172	0	0		SPARROW CLINTON HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO NO	
			38-1360584	0	0		EW SPARROW HOSPITAL ASSOCIATION	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO.	
			38-2595963	0	0		SPARROW DEVELOPMENT. INC	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO NO	
			38-3075242	0	0		SPARROW CLINICAL RESEARCH INSTITUTE	MI		SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO.	
			38-2886420	0	0		EAST LANSING ATHLETIC CLUB	MI	NIA	SPARROW DEVELOPMENT. INC	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
.3408	PHYSICIANS HEALTH PLAN OF MID MI	95849	38-2356288	0	0		PHYSICIANS HEALTH PLAN	MI	UDP	PHP HOLDINGS LLC	Ownership		SPARROW HEALTH SYSTEM	NO.	]
	PHYSICIANS HEALTH PLAN OF MID MI	12816	20-5565219	0	0		PHP INSURANCE COMPANY	MI	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	NO.	
			38-3344741	0	0		PHP SERVICE COMPANY	MI	NIA	PHYSICIANS HEALTH PLAN	Ownership.	100.000	SPARROW HEALTH SYSTEM	YES	]
.3408	PHYSICIANS HEALTH PLAN OF MID MI	16555	83-2766121	0	0		PHP MEDICARE	MI	RE	PHYSICIANS HEALTH PLAN	Ownership.	100.000	SPARROW HEALTH SYSTEM	NO	J
			83-3965697	0	0		PHP HOLDINGS LLC	MI	UIP	SPARROW HEALTH SYSTEM	Owner ship.	65.000	SPARROW HEALTH SYSTEM	NO	]
			]												
1														1	

Asterisk	Explanation

# SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUIVINART OF INSURER S TRANSACTIONS WITH ANT AFFILIATES													
1	2	3	4	5	6	7	8	9	10	11	12	13		
						Income/								
						(Disbursements)								
					Purchases, Sales	Incurred in						Reinsurance		
					or Exchanges of	Connection with		Income/		Any Other Material Activity Not in the		Recoverable/		
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on		
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or		
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit		
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)		
	38–2594856	Physicians Health Network	0	0	0	0	139,795,415	0	·	0	139,795,415	0		
95849	38-2356288	Physicians Health Plan	ļ0 <u> </u>	(12,000,000)	0	0	(150,609,110)	0		0	(162,609,110)	0		
	38-3344741	PHP Service Company	L	0	0	0	(4,666,315)	0		0	(4,666,315)	0		
12816	20-5565219	PHP Insurance Company	0 [	0	0	0	(2,210,015)	0		0	(2,210,015)	0		
	38-1360584	Sparrow Health System	0	0	0	0	19,051,383	0		0	19,051,383	0		
16555	83-2766121	PHP Medicare	0	12,000,000	0	0	(1,361,358)	0		0	10,638,642	0		
			L											
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9999999 C	ontrol Totals		Λ	۸	Λ	Λ	0	Λ	XXX	0	n	Λ		
999999 C	Unition Foldis		1 0 1	U	l 0	1	U	U	7/X	1	U	U		

# **SCHEDULE Y**

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTRO

PART 3 - ULTIMATE CONTRO	LLING PARTY AND LISTING OF O	THER U.S. INS	URANC	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING F	PARTY'S CON	TROL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ownership	Column 5
		Percentage	Over			Percentage	Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
PHYSICIANS HEALTH PLAN	PHP HOLDINGS, LLC		NO	SPARROW HEALTH SYSTEM	PHYSICIANS HEALTH PLAN OF MID MI	65.000	NO
PHP INSURANCE COMPANY	PHYSICIANS HEALTH PLAN	100.000	NO.	SPARROW HEALTH SYSTEM	PHYSICIANS HEALTH PLAN OF MID MI	65.000	
PHP MEDICARE	PHYSICIANS HEALTH PLAN	100.000	NO	SPARROW HEALTH SYSTEM	PHYSICIANS HEALTH PLAN OF MID MI	65.000	NO.
TTII MEDIONIE	THIOTOTANO NEZETT LEXIV	100.000		OF AUTOW FIELD OF OTELIN	THIOTOTANO HEALTH FEAR OF WILD WIT		
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#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	
	, -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-	120
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	
	•	
	The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of	
	supplement. However, in the event that your company does not transact the type of business for which the special report must be f	
	to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	is required or your company
	but is not being filed for whatever reason enter SEE EAFLANATION and provide an explanation following the interrogatory questions.  MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	
11. 12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	
12. 13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
13.	be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	NO
••	domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	•
	electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	NO
	with the NAIC by March 1?	NO
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	
	NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	NO
	NAIC by April 1?	NO
	AUGUST FILING	
	AUGUST FILING	VEO
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
		YES
11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]	YES
11. 12. 13. 14. 15. 16. 17. 18. 20. 23. 11.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]  Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]	YES
11. 12. 13. 14. 15. 16. 17. 18. 20. 23. 11.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]  Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	YES
11. 12. 13. 14. 15. 16. 17. 18. 20. 23. 11.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]  Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	YES    YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]  Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 371]  Participating Opinion for Exhibit 5 [Document Identifier 370]  Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 365]  Medicare Part D Coverage Supplement [Document Identifier 365]	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Bar Codes: Life Supplement [Document Identifier 205]  SIS Stockholder Information Supplement [Document Identifier 420]  Participating Opinion for Exhibit 5 [Document Identifier 371]  Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]  Medicare Part D Coverage Supplement [Document Identifier 365]  Relief from the five-year rotation requirement for lead audit partner [Document	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 20. 23. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 23. 11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES  YES

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Life Supplement [Document Identifier 211]
- 23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit Parts 1 and 2 [Document Identifier 290]





#### SUPPLEMENT FOR THE YEAR 2021 OF THE PHP Medicare

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021 (To Be Filed by March 1)

							ADDDEC	NAIC Group			NAIC Company	Code						
								ompleting Thi	and Zip Code)	,								
							Title		S I VII	eph	Number							
	1	2	3	4	5	6	7	8		10	ies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
												Incurred Claims		14	15	Incurred Claims		18
			Standardized									<u>1</u> 2	13			16	17	
(	Compliance		Medicare		Plan		Date						Percent of	Number of			Percent of	Number of
	with		Supplement			Date	Approval	Date Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
	OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					l										1			

1. If response in Column 1 is no, give full and complete details

FOR THE STATE OF .....

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as require
- 2.2 Contact Person and Phone Number: 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: , ....
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O".